

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION HOUSING AND COMMUNITY SERVICES SECTION EMERGENCY SHELTER GRANT PROGRESS REPORT

ANNUAL REPORT

Please submit this report to Lori Dimick, Emergency Shelter Grant Specialist by the appropriate date.

Grantee Name _____
(As listed with the Secretary of State's Office)

Approved Subgrantees _____

Report Completed By _____

Phone and e-mail address _____

Agreement Number _____

Agreement Period Contract July 1, 2004 thru June 30, 2006

Report Period July 1, 2005 – June 30, 2006 **(Due July 15, 2006)**

This report has been revised so that residential and non-residential shelters may answer all questions based upon the services that they provide.

A. STATE AWARD

(Cross check this section with your Monthly/Quarterly Claim Forms)

EXPENDITURE STATUS	EXPENDITURES <u>7/1 – 12/31/2005</u>	EXPENDITURES <u>1/1 – 6/30/2006</u>	TOTAL
Essentials Services	_____	_____	_____
Operations	_____	_____	_____
Homeless Prevention	_____	_____	_____
Total State Award Expended	_____	_____	_____

B. RECIPIENT MATCH FUND EXPENDED

(Please keep in mind that you do not want to over match your funding)

	<u>7/1 – 12/31/2005</u>	<u>1/1 – 6/30/2006</u>	<u>TOTAL</u>
Cash	_____	_____	_____
In-Kind	_____	_____	_____
Total Recipient Match Funds	_____	_____	_____

C. FUNDING SOURCES

(List all funding sources received)

	<u>7/1 – 12/31/2005</u>	<u>1/1 – 6/30/2006</u>	<u>Total</u>
State ESG	_____	_____	_____
Other Federal Program	_____	_____	_____
Local Government	_____	_____	_____
Private	_____	_____	_____
Fees	_____	_____	_____
Other	_____	_____	_____

D. PROGRAMS AND SERVICES

1. Indicate the programs and services that your agency provides with a (X).

Emergency Shelter Facility	_____	Transitional Housing	_____
Vouchers for Shelter	_____	Outreach	_____
Drop In Center	_____	Food Pantry	_____
Soup Kitchen/Meal Distribution	_____	Health Care	_____
Mental Health	_____	HIV/AIDS Services	_____
Alcohol/Drug Program	_____	Employment	_____
Child Care	_____	Homeless Prevention	_____
Other _____			

E. SHELTER TYPE AND BED CAPACITY

1. Is your agency a residential or non-residential shelter? _____

2. Enter the number of beds, cots, cribs, etc. that your facility has access to by the following categories and indicate how many people were housed in them during this fiscal year. (Indicate the maximum capacity of beds available)

For Non-Residential Shelters – If you have access to Hotels/Motels, please indicate.

	<u># Of Beds Available</u>	<u># Housed FY 2005-2006</u>
Barracks	_____	_____
Group/Large House	_____	_____
Scattered Site Apts.	_____	_____
Single Family Detached House	_____	_____
Single Room Occupancy	_____	_____
Mobile Home/Trailer	_____	_____
Hotel/Motel	_____	_____
Other _____	_____	_____

3. How many years has your operation been providing services to the homeless? _____ years

4. What is the number served daily?

ADULTS _____
CHILDREN _____

(Questions 5 & 6 numbers should match and don't give percentages)

5. What is the number of persons served yearly? _____

6. What is the number served yearly that are:

Race	Hispanic	Non-Hispanic
White	_____	_____
Black/African American	_____	_____
Asian	_____	_____
American Indiana/Alaskan Native	_____	_____
Native Hawaiian/Other Pacific	_____	_____
American Indian/Alaskan Nat. & White	_____	_____
Asian & White	_____	_____
Black/African American & White	_____	_____
Amer.Indian/Alaskan Native & Black	_____	_____
& Black African American	_____	_____
Other Multi Racial	_____	_____
Total	_____	_____

7. Enter the approximate percentage of those that are:

Unaccompanied 18 and over	Male _____%	Female _____%
Unaccompanied under 18	Male _____%	Female _____%

Families with Children headed by:

Single 18 and over	Male _____%	Female _____%
Youth under 18	Male _____%	Female _____%

Two Parent 18 and over _____%
Two Parent under 18 _____%
Families with no Children _____%

8. On an average day, what percentage of the population did you serve who are:
(Based upon Fiscal Year 2005-2006)

Battered Spouse	_____%
Runaway/Throwaway Youth	_____%
Chronically Mentally Ill	_____%
Developmentally Disabled	_____%
HIV/AIDS	_____%
Alcohol Dependent Individuals	_____%
Drug Dependent Individuals	_____%
Elderly	_____%
Veterans	_____%
Physically Disabled	_____%
Other:	_____%

9. How many homeless clients would you identify as "chronic homeless" for the past fiscal year. The HUD definition of chronic homeless is: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more has had at least 4 episodes of homelessness in the past three years.

Chronic Homeless _____

10. On January 26, 2006, how many beds were occupied? _____

11. How many beds on January 26, 2006 were occupied by chronic homeless population? _____